

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/587293

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		
102				/		
103				/		
104				/		
105				/		
106				/		
107				/		
108				/		
109				/		
110				/		
111				/		
112				/		
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146				/		
147				/		
148				/		
149				/		
150				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151				/		
152				/		
153				/		
154				/		
155				/		
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197						
198						
199						
200						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	80	←		←
TOTAL CLAIMS			83			